REST HAVEN HEALTH CARE CENTER LLC
7672 WEST MINERAL POINT ROAD
VERONA 53593 Phone: (608) 833-1691 Ownership:

VERONA 53593 Phone: (608) 833-1691 Ownership: Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes
Number of Beds Set Up and Staffed (12/31/03): 21 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/03): 21 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 20 Average Daily Census: 20

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 					15.0 55.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	5.0
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 <b>-</b> 74   75 <b>-</b> 84	5.0 30.0	•	75.0
Adult Day Care	No			85 - 94		* * * * * * * * * * * * * * * * * * *	
Adult Day Health Care	No			95 & Over	5.0		
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures				(12/31/03)	
Other Meals	No	Cardiovascular	20.0	65 & Over	100.0		
Transportation	No	Cerebrovascular	0.0			RNs	10.0
Referral Service	No	Diabetes	10.0	Gender	용	LPNs	16.9
Other Services	No	Respiratory	5.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	10.0	Male	35.0	Aides, & Orderlies	33.6
Mentally Ill	No			Female	65.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I		l	100.0		
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## Method of Reimbursement

		edicare			edicaid itle 19			Other		]	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	335	8	100.0	135	0	0.0	0	8	88.9	164	0	0.0	0	0	0.0	0	19	95.0
Intermediate				0	0.0	0	0	0.0	0	1	11.1	155	0	0.0	0	0	0.0	0	1	5.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		8	100.0		0	0.0		9	100.0		0	0.0		0	0.0		20	100.0

County: Dane Facility ID: 7860 Page 2 REST HAVEN HEALTH CARE CENTER LLC

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period			Total				
Percent Admissions from:		   Activities of	용		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		80.0	20.0	20
Other Nursing Homes	13.6	Dressing	0.0		85.0	15.0	20
Acute Care Hospitals	81.8	Transferring	30.0		40.0	30.0	20
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		45.0	35.0	20
Rehabilitation Hospitals	0.0	Eating	75.0		25.0	0.0	20
Other Locations	4.5	*****	*****	*****	* * * * * * * * * * * * * * * * * *	******	*****
Total Number of Admissions	22	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.0	Receiving Resp	iratory Care	15.0
Private Home/No Home Health	0.0	Occ/Freg. Incontiner	nt of Bladder	65.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	65.0	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	5.0
Acute Care Hospitals	39.1	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	35.0
Rehabilitation Hospitals	0.0	. <u> </u>			_	-	
Other Locations	13.0	Skin Care			Other Resident C	haracteristics	
Deaths	47.8	With Pressure Sores		0.0	Have Advance D	irectives	90.0
Total Number of Discharges		With Rashes		5.0	Medications		
(Including Deaths)	23				Receiving Psyc	hoactive Drugs	65.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This Propri		prietary	Und	er 50	Ski	lled	Al	1		
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities			
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	86.2	1.10	84.7	1.12	88.1	1.08	87.4	1.09		
Current Residents from In-County	80.0	78.5	1.02	77.5	1.03	82.1	0.97	76.7	1.04		
Admissions from In-County, Still Residing	22.7	17.5	1.30	25.1	0.91	20.1	1.13	19.6	1.16		
Admissions/Average Daily Census	110.0	195.4	0.56	104.2	1.06	155.7	0.71	141.3	0.78		
Discharges/Average Daily Census	115.0	193.0	0.60	107.9	1.07	155.1	0.74	142.5	0.81		
Discharges To Private Residence/Average Daily Census	0.0	87.0	0.00	28.9	0.00	68.7	0.00	61.6	0.00		
Residents Receiving Skilled Care	95.0	94.4	1.01	93.8	1.01	94.0	1.01	88.1	1.08		
Residents Aged 65 and Older	100	92.3	1.08	95.8	1.04	92.0	1.09	87.8	1.14		
Title 19 (Medicaid) Funded Residents	40.0	60.6	0.66	56.9	0.70	61.7	0.65	65.9	0.61		
Private Pay Funded Residents	45.0	20.9	2.15	33.8	1.33	23.7	1.90	21.0	2.15		
Developmentally Disabled Residents	0.0	0.8	0.00	1.4	0.00	1.1	0.00	6.5	0.00		
Mentally Ill Residents	45.0	28.7	1.57	38.3	1.17	35.8	1.26	33.6	1.34		
General Medical Service Residents	10.0	24.5	0.41	16.9	0.59	23.1	0.43	20.6	0.49		
Impaired ADL (Mean)	49.0	49.1	1.00	50.8	0.96	49.5	0.99	49.4	0.99		
Psychological Problems	65.0	54.2	1.20	56.3	1.15	58.2	1.12	57.4	1.13		
Nursing Care Required (Mean)	7.5	6.8	1.11	6.9	1.09	6.9	1.09	7.3	1.02		